

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08943356

FILING DATE

10/01/97

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1									
2		1					51			
3		1					52			
4		1					53			
5		1					54			
6		1					55			
7		1					56			
8		1					57			
9		1					58			
10		1					59			
11		1					60			
12		1					61			
13		1					62			
14		1					63			
15		1					64			
16		1					65			
17		1					66			
18		1					67			
19		1					68			
20		1					69			
21		1					70			
22		1					71			
23		1					72			
24		1					73			
25		1					74			
26		1					75			
27		1					76			
28		1					77			
29		1					78			
30		1					79			
31		1					80			
32		1					81			
33		1					82			
34		1					83			
35		1					84			
36		1					85			
37		1					86			
38		1					87			
39		1					88			
40		1					89			
41		1					90			
42		1					91			
43		1					92			
44		1					93			
45		1					94			
46		1					95			
47		1					96			
48		1					97			
49		1					98			
50		1					99			
TOTAL IND.	04						TOTAL IND.			
TOTAL DEP.	27		↔	↔	↔		TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	31	X	X	X	X	X	TOTAL CLAIMS	X	X	X